## **Request for Patient Care Report**

## Parent of a Minor Child



## **INSTRUCTIONS:**

- 1. **This form is for use ONLY by the parent of a minor child.** If this does not apply to you, please return to **www.frederickcountymd.gov** to find the appropriate information and instructions.
- 2. **<u>ALL</u>** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.
- 3. This form must be notarized.\*\*

Parent (person making request for record)	
My name is:	
My mailing address is:	
Phone:	Email:
Patient Information:	
Patient's Name:	
Incident Information:	
Incident Date:	Incident Time:
patient has not been specifically limited by a court	
State ofCounty of	
Signature of Notary Public	(SEAL) My Commission Expires

Please send this signed, dated, and notarized form, and a copy of your driver's license or equivalent photo I.D., to:

Frederick County Fire and Rescue Services, Records Office

5370 Public Safety Place, Frederick, MD 21704 • Fax: 301-600-1323

To allow for processing time, walk-in requests must provide 24 hour notice before visiting office.

If you have any questions, please contact the Records Office at 301-600-1536.